

Name in Full

Certificate of Death

David J. Burrows

Town

County

Died at *Mayland**Wic*

MARYLAND

Date *1903* Month *8* Day *20* Y. *17* M. *5* D. *17* Native of *Md* Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of
~~Wife~~

Father's

Mother's

Name

Name

Cause of

Primary

Death Immediate

How long sick

77
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6596R



Henrietta Burns
 Town County MARYLAND
 Died at Salisbury Miconico
 Month Day Y. M. D. Native of Occupation
 Date 1903 Aug 19 Age 22 Miconico Md none
~~Male~~ ~~White~~ ~~Marrned~~ ~~Widow~~ ~~Diverced~~
 Female Colored Single Widower Number of children living 0

Husband of
 Wife
 Father's Name Charles Burns Mother's Maiden Name Mary Burns
 Cause of Death { Primary Pulmonary tuberculosis How long sick 8 months
 Immediate Exhaustion 27 Accident, Suicide, Homicide

Reported by J. M. Smith
 Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elias T Collins

Town

County

Died at *Benson Dist* *Wicomico*

MARYLAND

Date 19 <i>03</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>69</i>	Y. M. D.	Native of <i>Del</i>	Occupation <i>Farmer</i>
Male	White	Married	Widow	Divorced	Number of children living <i>6</i>	
Female	Colored	Single	Widower			

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Death Immediate

Bright's Disease

How long sick

1 year or more

Accident, Suicide, Homicide

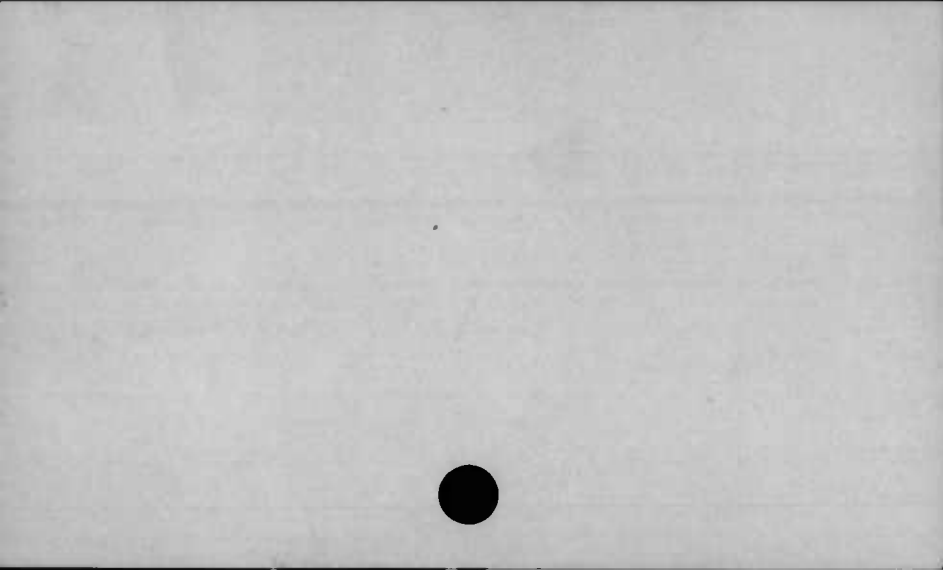
Reported by

Address

Louis W. Morris
(Signed)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805



Robert T. Coulbourne

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 7

Age

48 9 14

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Mary E. Coulbourne

~~Wife~~

Father's

Name

Elijah S. Coulbourne

Mother's

Maiden Name

Gatty Jones

Cause of

Primary

Cancer of the liver

How long sick

12 Months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Address

40

J. Spring, M.D.
Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ada Dashiell

Town

County

Died at Quantico

Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1893 Aug 11 Age 20

Quantico Servant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Charles Dashiell

Mother's
Name

Elizabeth Dashiell

Cause of Primary

Death Immediate

Consumption Pulmonary

How long sick

Accident, Suicide, Homicide

Reported by Wm H. H. Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Edward Dashiell

Died at ^{near} Hebron ^{Town} Wicomico ^{County} MARYLAND
 Date 1903 Aug 22nd Age 70
 Male White Married Widow Maryland carpenter
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Single~~
 Number of children living 4

Husband of Ellen Dashiell
 Father's Name Matthias Dashiell Mother's Name Hull
 Cause of Death { Primary some kind of kidney How long sick one week
 Immediate trouble 170 Accident, Suicide, Homicide

Reported by Geo. C. Hill Undertaker
 Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. H. Darhill of Quantico
attended him in his last sickness

Geo. L. Hill

Name In Full

Certificate of Death

Martina Dixon
Town County

Died at *Salisbury* *Wicomico* MARYLAND

Date 19 *03* *Aug* *6* Age *8* *9* *5* Native of *Md* Occupation
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living

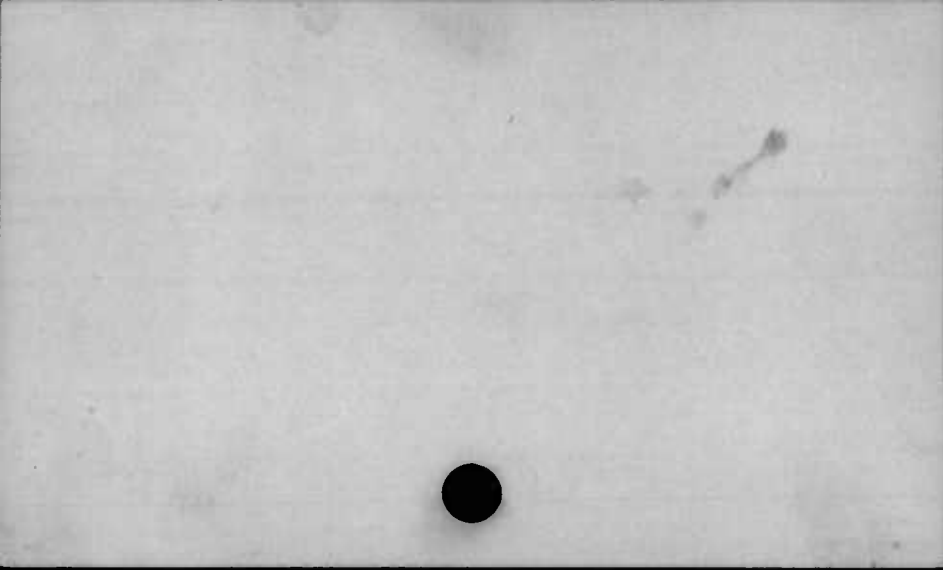
Husband of
Wife

Father's Name *Marion Hearn* Mother's Maiden Name *Mary Dixon*

Cause of Death { Primary *Tuberculosis* *8 months* How long sick
Immadiate *Septic poisoning* ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by *Wm. J. Dish*
Address *Salisbury Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry F Evans
 Town County
 Died at Maryland MARYLAND

Date 1908 8 5
 Month Day Y. M. D. Native of Occupation
 Age 72-8-3 Md Sailor
 Male White Married ~~Widow~~ Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Margaret Evans
 Wife
 Father's Name H. F. Evans Mother's Name Elizabeth Evans
 Maiden Name

Cause of Death { Primary General Debility How long sick 1 week
 Immediate internal Hemorrhage Accident, Suicide, Homicide

Reported by A. L. Sealrace
 Address Maryland Spruig's Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days	
Sex		Color or Race		Birthplace			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

The order came to me through Dr. H. L.
Todd Treas. Commissioners of Wicomico Co.
for a Paper coffin. The person who
came for it did not know any
of the particulars of the case
the child must have been only a few
days old.
cases like this I have no means of
getting all the information asked for

Undertaker Geo. C. Hill
Salisbury Md.

Dola H Tarlow

Town

County

MARYLAND

Died at Salisbury Wicomico

Date 1903	Month Aug	Day 23	Age 22	Y. 9	M. 12	D. 12	Native of Del	Occupation Housework
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower				Number of children living	one

Husband of Charles H Tarlow

Father's Name William J Bailey Mother's Name Margaret A Satchel

Cause of	Primary Typhoid fever	How long sick 4 weeks
Death	Immediate Exhaustion	Accident, Suicide, Homicide

Reported by J. M. Smith

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dolia H Farlow

Town

County

MARYLAND

Died at

Salisbury Therman

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1903

8

22

Age

23

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of Charley Farlow

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Typhoid Fever

How long sick

19 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

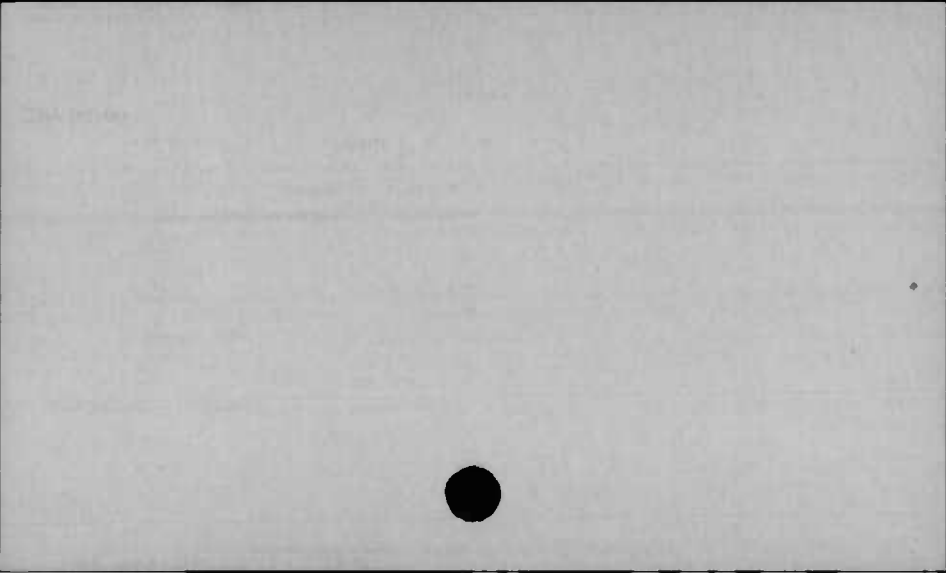
Dr L C Freeman

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1903



Name
in
Full

Samuel Edward Fokey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Delmar</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>60</i>	Years	Months <i>2</i>	Days <i>20</i>			
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Worcester Co.</i>						
Married, Single or Widowed <i>Widower</i>			Occupation <i>Justice of the Peace</i>						
Name of Wife or Husband									
Father's Name <i>Daniel Fokey.</i>				Father's Birthplace <i>Worcester Co. Md.</i>					
Mother's Maiden Name <i>Sallie Mills.</i>				Mother's Birthplace <i>" " "</i>					
Name of person giving information <i>Mrs. P. C. Hearn</i>				How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcoholism</i>	How long <i>3 days</i>
Immediate <i>Alcoholism</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert Ellegood M.D.</i>
	Address <i>Delmar Del</i>
Accident or Suicide?	



Elizabeth Gaines

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8. 26

Age

65 - 14

Virginia

Widow

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Leucina of mouth

How long sick

3 month

Death

Immediate

do

45

do

Accident, Suicide, Homicide

Reported by

L. A. Gaines

Spring M. D.

Address

Salisbury

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. J. Dashiell
T. Debron

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Child <i>Hopkins</i>		Town <i>Mardela</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Date of death 1903		Month 8		Day 19	
Age <i>6</i>		Months 6		Years <i>6</i>		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>John Hopkins</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sarah Todd</i>				Mother's Birthplace			
Name of person giving information <i>John Hopkins</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>6 months</i>	
Immediate <i>Dysentery</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>R. Z. Leabman</i>		Address <i>Mardela Shrimp</i>	
Accident or Suicide?			



Hickey

Died at *Delmar* ^{Town} *Wisconsin* ^{County} MARYLAND

Date *1903* ^{Month} *Aug* ^{Day} *21* ^{Y.} *9* ^{M.} *9* ^{D.} *9* ^{Native of} *9* ^{Occupation}

☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widower ☐ Divorced ☐ Number of children living *none*

Husband of _____
 Wife of _____

Father's Name *A. J. Hickey* Mother's Name *Minnie Hickey*

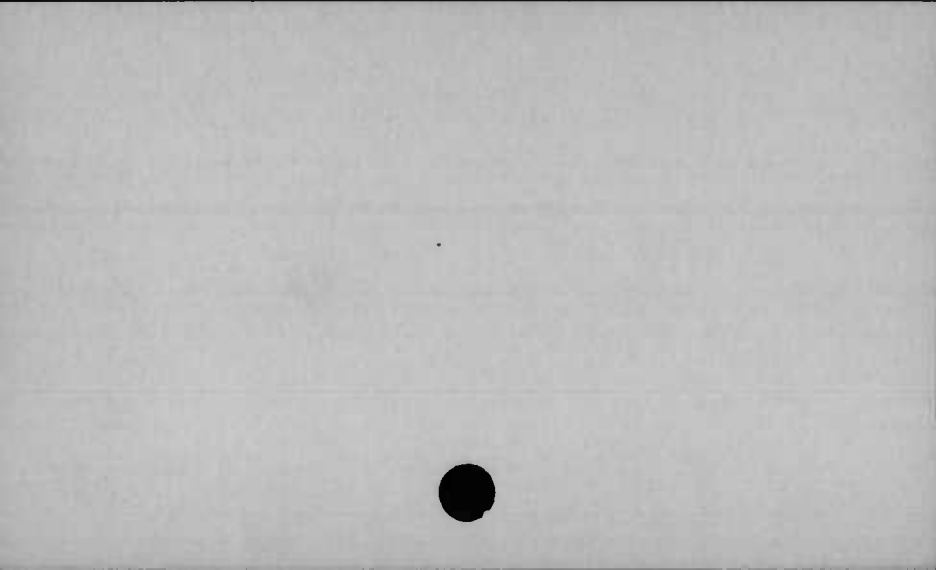
Cause of Death { Primary *Congestion of Brain* Immediate *Congestion of Brain*

How long sick *5 days*

Accident, Suicide, Homicide

Reported by *Robert Ellwood Lee S.*

Address *Delmar Del*



No Name

Died at ^{Town} Salisbury ^{County} Wicomico Co. MARYLAND

Date 19 ⁰³ Aug ¹³ Age ~~still born~~ ^{Infant}

Male White Married Widom Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living ~~—~~

Husband of

Wife

Father's Name ^{Bmy. Holliday} Mother's ^{Maunir Findle}

Name Maiden Name

Cause of Primary

How long sick

Death Immediate

Still Born

~~Accident, Suicide, Homicide~~

Reported by

F. M. Clemmons M.D.

Address

Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hester E. Huffington

Town

County

Died

near Allen

Wicomico

MARYLAND

Occupation

Date 1893

Month

8th

Day

11th

Age

60

Y.

1

M.

7

Native of

Maryland

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Jesse Huffington

Elisha Parker

Elija Parker

Cause of

Primary

Ent. per cardiac comp.

How long sick

6 weeks

Death

Immediate

Heart failure

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

J. J. Long

Allen Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25963



Name
in
Full

Charles E. Kelley

CERTIFICATE OF DEATH

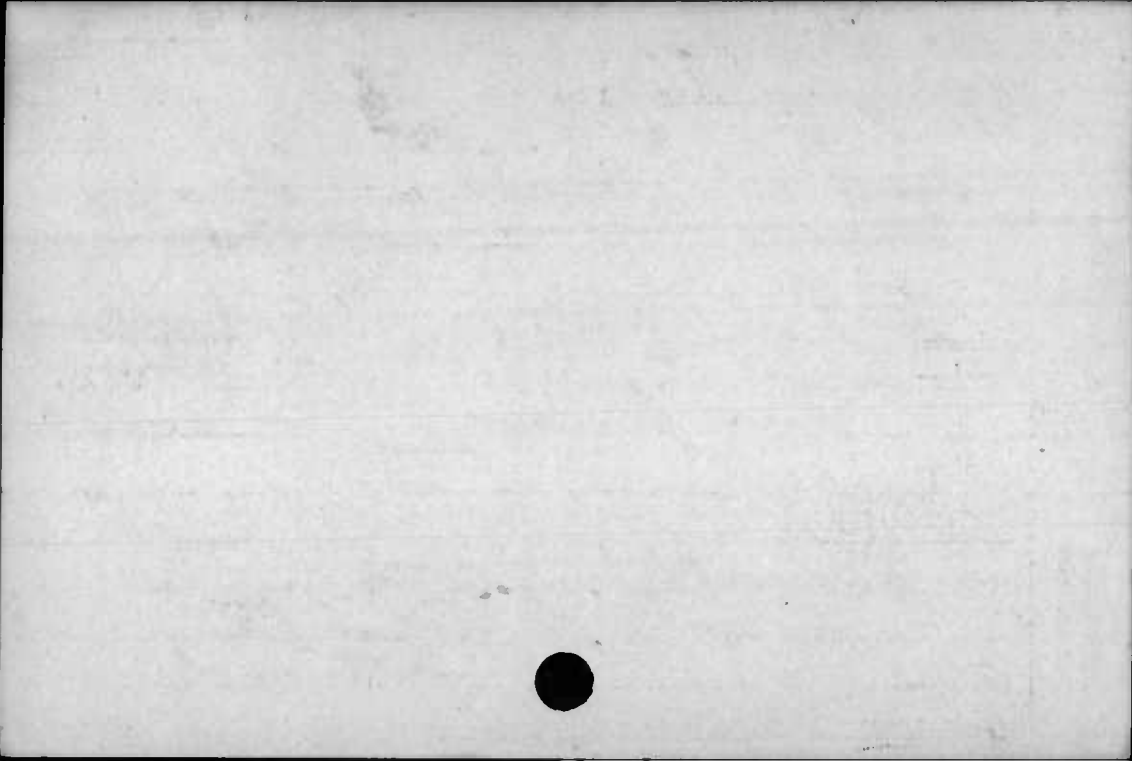
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Powellville</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>18</i>	Years <i>5</i>	Months <i>10</i>	Days
Sex <i>boy</i>	Color or Race <i>White</i>		Birth-place <i>Powellville</i>		
Occupation <i>forming</i>	Where Residing if not at place of death <i>Place of death</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Wm. H. Kelley</i>	Father's Birthplace <i>Wicomico</i>				
Mother's Maiden Name <i>Martha B. Lewis</i>	Mother's Birthplace <i>Wicomico</i>				
Name of person giving information <i>Wm. H. Kelley</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Levin Collins</i>
	Address <i>Pittsville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

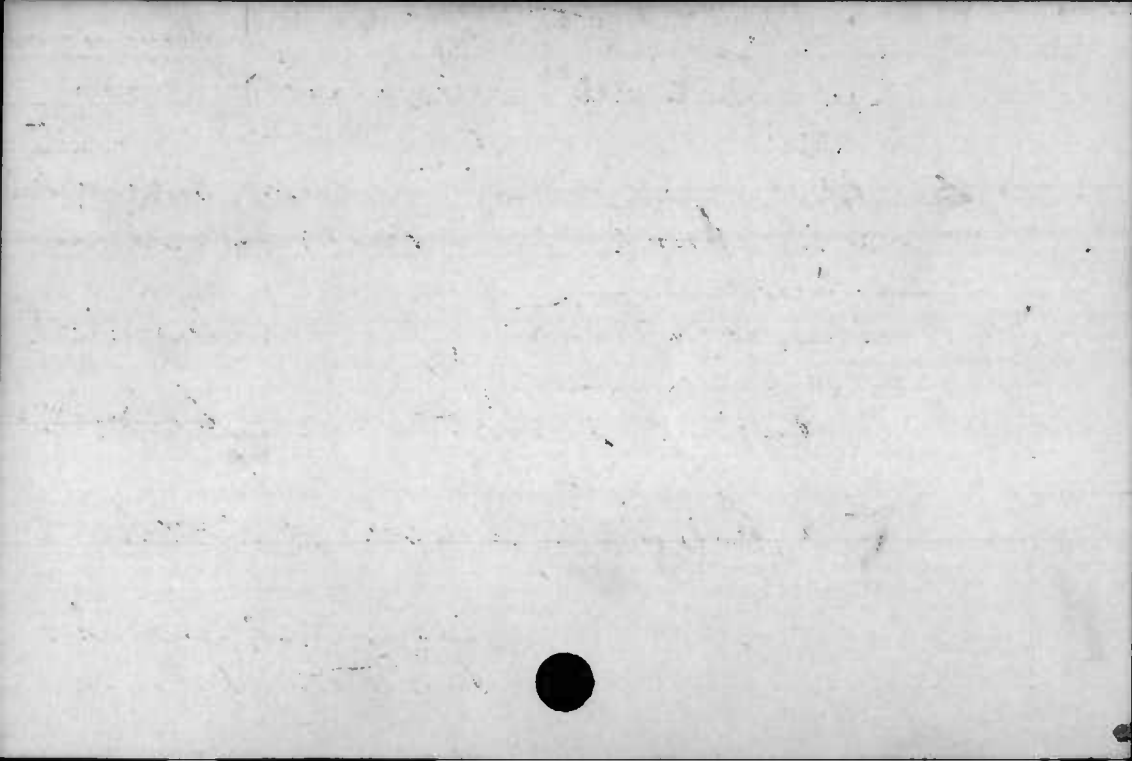
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Wm. H. Kelley</i>		Town <i>Powellville</i>		County <i>Wayne</i>		MARYLAND	
Died at <i>Wm. H. Kelley</i>		Month <i>8</i>		Day <i>18</i>		Years <i>5</i>	
Date of death <i>1903</i>		Month <i>8</i>		Day <i>18</i>		Years <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>10</i>	
Occupation		Where Residing if not at place of death <i>near Powellville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Kelley</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Isabell Lewis</i>		Mother's Birthplace					
Name of person giving information <i>Wm. Kelley</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Accident by being struck in shoulder</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lemuel Collins</i>	
		Address <i>Pattersonville</i>	
Accident or Suicide?			



Name
in
Full

Paul P. Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1908		Aug. 18 th		Age 38			
Sex	Male	Color or Race	Negro		Birth-place	Salisbury Mdi.	
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
William Leonard				"			
Mother's Maiden Name				Mother's Birthplace			
Sally Pinckett				"			
Name of person giving information				How related to deceased			
Samuel Wailer				Step Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Several months
Immediate	Infection of Bowels	How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		F. M. Clemons M.D.	
Address		Salisbury Mdi.	
Accident or Suicide?			



Name in Full

Certificate of Death

Charles W Matthews

Died at ^{Town} on Spring Hill Road ^{County} Wicomico MARYLAND

Date 1903 Aug 7 Age 28 Native of Md Occupation Laborer

Male ☒ White ☐ Married ☐ Widowed ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living one

Husband of Adda Matthews

Wife

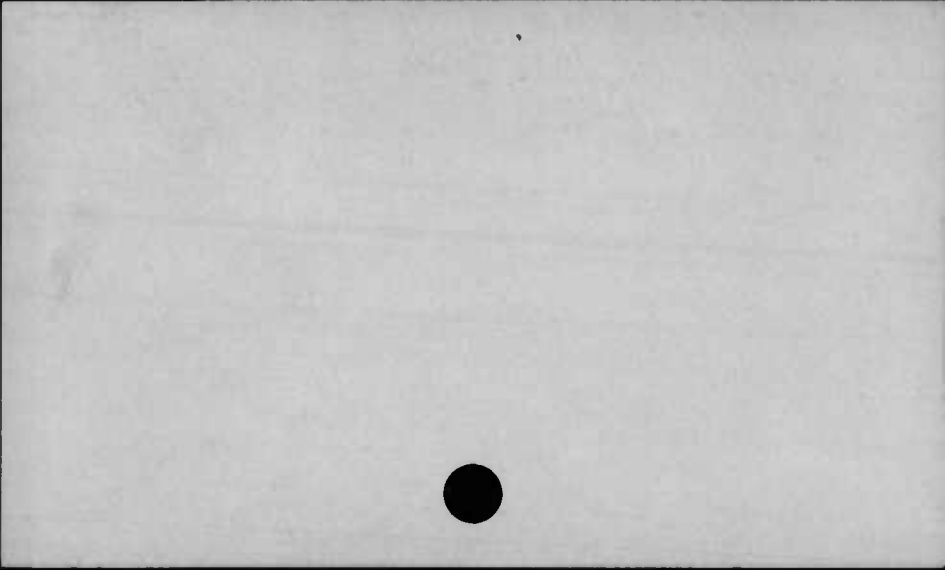
Father's Name William Matthews Mother's Maiden Name Maria Williams

Cause of Death { Primary Sout / know 74 How long sick
 Immediate Abscess of Brain Accident, Suicide, Homicide

Reported by Gen. W. Lodd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie E. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Allen</i>		Town		County		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>15</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housekeeper</i>					
Name of Wife or Husband <i>Jacob Morris</i>							
Father's Name <i>Levin Morris</i>				Father's Birthplace <i>Trappe Dist. Wicomico Co. Md.</i>			
Mother's Maiden Name <i>Eliza Jones</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Samuel Malone</i>				How related to deceased <i>Friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

Dr. F. W. Wilson of Mt-Vernon Somerset Co.

Attended Mrs Morris. I had no means of ^{Ned.}
getting certificate from him
and I don't know wat was the cause
of her death

Geo. C. Hill

Undertaker

Salisbury

^{Ned.}

Name In Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Age

77 11 27

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Arterio - Sclerosis

How long sick

5 1/2 weeks (?)

Death

Immediate

Cerebral hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Elijah Phillips

Died at *near Quantico* Town *Waconne* County *MARYLAND*

1903 *Aug 4th* Month Day Y. M. D. *Quantico Harmer* Native of Occupation
 Date 1903 *Aug 4th* Age *80*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single Widower Number of children living *2*

Husband *Wm Phillips*
 Wife *Don't know*
 Father's Name *Wm Phillips* Mother's Name *Don't know*

Cause of *Primary Malaria* How long sick
 Death *Immediate Dropsy* Accident, Suicide, Homicide

Reported by *W. A. N. Dashiell M.D.*
 Address *Quantico Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Lebudah E. Reece

Town

County

Died at

Salisbury Wicomico

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 21st

Age 27

Maryland Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Willbur P. Reece

Wife

Father's

Name

Elijah J. Ruark

Mother's

Maiden Name

Sarah Loken

Cause of

Primary

Typhoid Fever

How long sick

3 weeks

Death

Immediate

Peritonitis (duets perforation)

Accident, Suicide, Homicide

Reported by

Geo. H. Todd

Address

Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Abudak Reese

Town

County

Died at

Salisbury Wicomico

MARYLAND

Date 189 1903 Month Aug Day 21 Y. 36 M. D. Native of Ind Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 2

Husband

of

Perry Reese

Wife

Father's

Name

Elijah Reese

Mother's

Name

Cause of

Primary

Typhoid Fever

How long sick

17 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

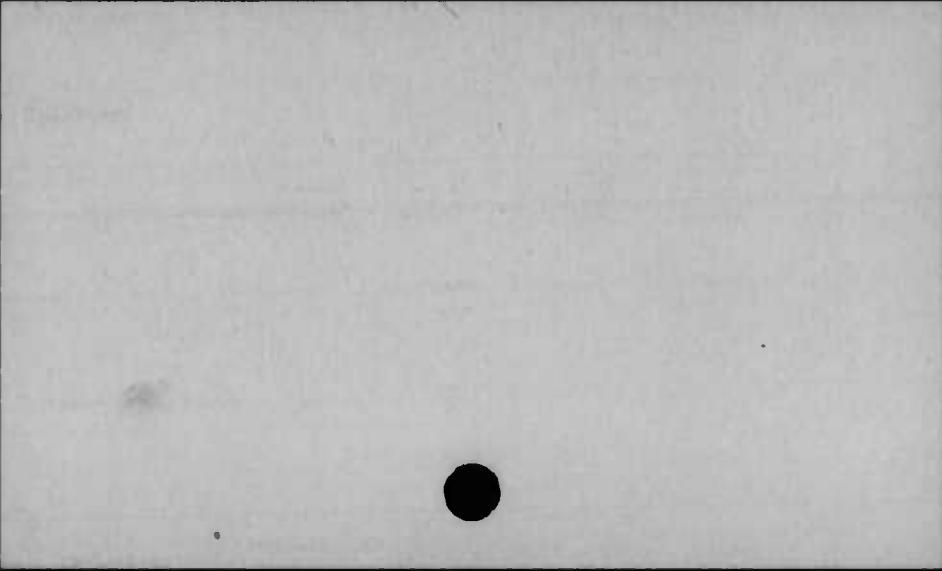
Reported by

Dr L. C. Greeny

Address

Salisbury Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mardela</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>9</i>	Age Years	Months	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Mardela</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Harley Winder</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation <i>Harley Winder</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>A. L. Seahorse</i>	Address <i>Mardela Springs Md.</i>
Accident or Suicide?	

